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Disability Among Afghan Women - Its Impact on Child Survival and Development and Quality of Life of the Family

While 1988 was historic for the United Nations in terms of reconciling a number of conflicts, many fronts remain to be tackled involving women and children as the largest group most directly affected by civil and inter-state violence. Women and children are displaced, abandoned, orphaned and psychologically traumatized directly by conflicts. They are also the first to suffer from the ensuing destruction of service infrastructure, economic decline and social chaos.

No matter what her status in different cultures of the world may be and no matter what her position in each society, the woman is an architect of the future generation of the world. It is in her womb and her arms that the future leaders, brave fighters, Nobel Prize winners, greatest musicians and scientists, doctors and teachers are raised. Let us not forget that the survival and development of the future generation is in her hands. It is up to her wisdom, knowledge and education that the quality of life of the family can be determined. It is therefore up to the planners and the agents of development to seriously consider the consequnces of their planning in favour of women. Let us not neglect their important role in the planning process and in the reconstruction phase of the country. It is therefore extreemely important that as a matter of principle women programmes are planned with the women and not for the women. It has been proven that disability prevention, early detection and rehabilitation programmes are particulary successful if disabled persons are involved in the planning and implementation process. The UN World Programme of Action concerning Disabled Persons promotes and strongly recommends programmes of disabled persons rather than for disabled persons.

THE PRESENT SITUATION:

Although statistics are unavailable, the best available estimates suggest that in all wars the innocent children and women become the first victims. In today's wars the number of injured are estimated to be at least three times the number of killed. The estimated number of killed casualties in Afghanistan are believed to be between 1 - 1.5 million people. Therefore, based on the above mentioned war estimate about one quarter of the Afghan population carry a permanent physical and psychological scar and permanent disability.

In addition to disability caused directly by war, malnutrition, micronutients deficiency disorders (such as vitamin A and iodine deficiency disorders), vaccine preventable diseases, particularly polio and other communicable diseases added by lack of sanitary conditions have increased the number of crippled and physically disabled children. Statistics available through Handicap International, a French-based NGO, working in Quetta with

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physically disabled Afghan population reveal the following: From 1985 to 1988 the HI workshop registered a total of 4,421 disabled Afghan male and 1,364 disabled female from among the smallest refugee population. Very high and unacceptable incidence of polio is also reported from among the refugees in Pakistan. The monthly reports of HI presents a better picture of young (0-15) disabled boys and girls. Reports available for the months of December 1988 and February-May 1989, compiled in the following chart, show that more than 50% of the newly registered disabled female are young girls age 0-15.

Monthly Reports of Newly Registered Disabled Afghan Refugees at the Handicap International Workshop in Quetta, Pakistan

Month/year	Total male	Total female	0-15 (male)	0-15 (female)
Dec. 1988	219	73	31	43
Feb. 1989	208	58	53	25
Mar. 1989	142	38	42	18
Apr. 1989	192	40	57	25
May 1989	197	47	58	25

Women and children constitute over 70 per cent of the Afghan population. It is estimated that the decade long war has created more than 700,000 widows.

DISABILITY PROFILE:

Even prior to the armed conflict, disabled persons in general among the Afghan population were not a small minority. At least one in every ten persons was physically, mentally or sensorially disabled. Unfortunately under the present conditions in Afghanistan everyone who is not yet disabled is at risk of being on the other side of the fence. Some face even a much larger danger of becoming disabled. If one is born poor and female, the risks are especially high. Some of the risk factors are as follows:

- Poverty is the world's greatest disabling factor. Malnutrition, resulting from poverty is the greatest single cause of disability. Pregnant women and female children are at greatest risk of being disabled by this cause.

- Lack of vitamin A causes children to lose their eyesight. This problem could be prevented at a very small cost per person.

- Lack of safe drinking water and lack of proper sanitation are key elements in the spread of infectious diseases that may result in impairment and disability.

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- Accidents on the road, at work place and in the home are on the rise and add to the number of disabled persons.

- Disabilities can also result from occupations which place excessive stress on certain organs of the body. Industries such as weaving and carpet-making have a significantly higher incidence of visual impairment. Young girls and women are hardest hit in Afghanistan since they are involved in this demanding job.

- Too many or too closely-spaced pregnancies and pregnancies at too young or too old an age are health risks for both mother and infants and may result in birth of physically or mentally disabled children.

- Disability occurs more frequently with old age. Although this is true for both sexes, women are especially affected. In most countries women have a higher life expectency and they form a larger pecentage of those vulnerable to disability due to old age.

- Customs, traditions and the mere struggle for survival can be the cause of an impairment.

- Ignorance and negative attitudes toward disability can be more disabling than an impairment itself. In the words of Norman Acton, Past Secretary General of Rehabilitation International "Attitudes toward disability or the lack of understanding that surrounds it can be more disabling than the disability itself." Unfortunately the stigma and shame attached to disability can often mean that a disabled person is not identified and given help. This can turn even simple impairment into social and phsychological handicaps. In other words, society's attitude can transform those with impairments into disabled people. A change of attitude could be much greater help for the disabled person than all the technology in the world.

- Wars are disabling. As in all wars, the decade long war in Afghanistan was designed to kill and maim innocent people resulting in untold physical and psychological trauma and suffering. Unfortunately the disabled population in Afghanistan is likely to increase significantly as a result of the presence of (10-30) million mines and unexploded ordnance in the country.

- Social disability, including psychological disorders, drug addiction and deliquncy alone may affect at least 10-15 per cent of the population. There is a higher rate of psychiatric disorders among the Afghan women than among the men.

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UNICEF POLICY:

Of more than 500 million people in the world who are disabled, approximately 140 million are disabled children with physical, mental or sensory impairments and disabilities living in developing countries. In accepting this statement of the magnitude of the problem of disability among the worlds children, provided by Rehabilitation International, the Executive Board of UNICEF, in 1980, adopted an expanded strategy on childhood disability. Essential elements of the strategy are: more effective prevention of childhood impairments particularly as they arise from four main causes: inadequate nutrition - including micronutrient deficiencies like vitamin A and iodine deficiency disorders, infectious diseases, problems surrounding pregnancy and birth, and accidents; reduction of the effects of disability through early detection and intervention; and use of the family and the community as a primary vehicle for service delivery to those children who are already disabled.

PREVENTION:

There are two kinds of prevention that need to be addressed:

1. Prevention of primary disabilities.
2. Prevention of secondary disabilities.

Prevention of primary disabilities such as polio or spinal cord injury is extremely important to save the future generation from death and disability. Several components of Child Survival and Development Revolution and Primary Healath Care play a significant role of primary prevention - immunization, growth monitoring, promotion of breastfeeding and weaning foods. Growth monitoring is a method of extending primary health care into the community by establishing regular contacts between parents and health services and provide opportunities for detecting the early signs of disability among young children. In addition to reduction of infant mortality other benefits of preventing primary disabilities are as follows:

- Improved and expanded preventive actions would save future disability and suffering, allowing normal development of the child during first few years of life.

- Afghanistan needs the contribution of all of its people for rebuilding the country. Additional disability in the absence of primary prevention would add to the number of disabled persons leading to unnecessary and extra strain on the family, the community and the country's shattered economy.

- Prevention is usually easier and cheaper than rehabilitation.

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UNICEF-assisted country level programmes can cover advocacy and action programmes in prevention of disability among children, community-based rehabilitation services for those who are already disabled, integration of childhood disability programmes within the existing basic services and PHC services; supporting situation analysis and surveys and studies on incidence and prevalence of disability among children; preparation of training materials for community level workers and parents; training of personnel in prevention, early detection, early stimulation and community-based rehabilitation, training of Traditional Birth Attendants; awareness creation through preparation, production and distribution of audio-visual materials, slides, posters and media workshops and provision of specific assistance for prevention from nutritional deficiencies.

In line with the 1986 Executive Board resolution on children in especially difficult circumstances (E/ICEF/1986/12, resolution 1986/12), UNICEF responded in a variety of ways to children in armed conflict situations. In line with the above mentioned resolution UNICEF has assigned responsibility to Rehabilitation International for undertaking a study on situation of disabled children and women who are victims of armed conflicts in order to determine their needs for physical rehabilitation. Afghan refugees in Pakistan are also part of this study.

IN SUMMARY:

- The problem of disability among the Afghan population particularly among women and children is very serious and unattended to;

- The problem is growing worse in the presence of mines, continued civil war and worsening poverty, deteriorated basic services especially for the most vulnerable -- the very young, women and the very poor;

- In the absence of appropriate early intervention and rehabilitation programmes, the problems of disability among the Afghan population are becoming more severe and multiple-handicapping;

- Programmes for early detection, early intervention and community-based rehabilitation to prevent and reduce the effects of disability are among the priority needs. These programmes are needed urgently and they are needed now.

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PRIORITY NEEDS FOR STRATEGIES AND PROGRAMME PLANNING:

1. Creation of positive attitudes, advocacy and public awareness. The growing awareness of disability is matched by a change in the human perception of disability. Positive attitudes towards integration, full participation, equality, prevention, community-based rehabilitation and, most important, recognition of human rights of the disabled persons is now evident world-wide. Negative attitudes are the biggest single constraint facing any rehabilitation programme.

2. Data collection is crucial aspect of programme planning. It is essential to analyse the situation and gather data on the prevalence and types of disabilities among both sexes and all age groups of appropriate planning purposes. It is equally important to survey the available resources, technologies, trained manpower and trainable manpower within communities. It is, however, strongly recommended that at all times service provision be given first priority for achieving effective and meaningful results.

3. Access in the communities and every available service for the disabled population. Most of the physical infrustrcture of services in the country is destroyed due to the decade long war. The new constructions of schools, health centers, hospitals, mosques, roads and other community services have to be designed, keeping in mind the disabled population. This awareness needs to be created among the general village population as well since they would be rebuilding their own homes and communities. The disabled person must be able to move arround with ease, to perform the daily chores and take active part in the community affairs.

4. Manpower development. In addition to training and retraining of health workers, TBAs, village level school teachers and other rural development workers training of family members particularly mothers, grandmothers and sisters should be encouraged and provided Family members should be encouraged to observe the specific needs and possibilities of their disabled family members and to understand the basic principles of the needed therapy as part of family's daily life. Training programmes should focus on the abilities of the person rather than the disabilities. (Some training materials are: WHO manual on training disabled in the community, UNICEF Programme Guidelines on Childhood Disability Prevention and Rehabilitation, Nepal Information Kit, Disabled Village Children, Simple Aids for Daily Living and the RI/UNICEF Newsletter, One in Ten.)

5. Technologies. The role of technology in the prevention, early detection and rehabilitation is unquestioned. Technology must be appropriate for preservation and enhancement of human needs and dignity. It is appropriate technology that is most relevant to community-based rehabilitation programmes. Appropriate technology is not inferior or primitive but it is a technology that meets local needs, uses local materials and local skills. Locally available appropriate technology and skills have to be studied and developed.

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6. Education, integration and vocational training. Increased attention needs to be paid to education and integration of disabled children in the regular schools and additional training needs to be given to teachers in the area of special education. Disabled adults must be provided with vocational training and work preparation to avoid dependency on the family and the community. It will be extremely difficult for the communities to care for large numbers of unproductive disabled persons. Disabled persons must be part of the community activities and must be involved and integrated in all aspects of community life.

7. Types of disabled population. Reports from among the refugees in Pakistan indicate that a very visible group of disabled persons are war amputees. Attention must be paid to those uncountable number of children who have become disabled indirectly by the war from causes such as vaccine preventable diseases and other causes and those who have become psycho-socially traumatized and suffer from mental deficiencies. A study prepared for the 16th World Congress of Rehabilitation International, in Tokyo, September 1988 by Dr. Mohammad Azam Dadfar of the Psychiatry Center for Afghans in Peshawar states that 50% of the Afghan refugee children and women show psychological effects from the decade long war. Denied the security which promotes natural childhood development and subject to sustained periods of stress over a prolonged period of time, many children expressed feeling of sadness and anxiety and demonstrated behavioral disorders of various levels of intensity. Expressing concern about their family members left behind, they often showed psychological effects of the long trauma reflecting tragic disruption of their lives. The psycho-social needs of these women and children must be cared for. The future of millions of children, orphans, widows, traumatized and disabled women who survived the war and disasters could be drastically improved if their psychological needs were addressed and educational and other support systems were developed for.

8. Catagories of disabled women. Three catagories of women affected by disabilities must be remembered. They are (a) women who are disabled themselves, (b) women who are mothers of disabled children and (c) women who are wives of disabled men. In all of these three catagories I would like us to consider and for once think about the needs of the woman as herself, and not as a dependant - mother and/or wife.

Last but not least let us not forget, in our strategic developmental planning exercise the "Seven Sins" as stated in the 1989 State of the World Children. Complete details of the "seven deadly sins" are available on pp.55-60 of the report. The points to remember are.

1. Development without infrastructure.
2. Development without participation.
3. Development without women.
4. Development without environment.
5. Development without the poor.
6. Development without the double.
7. Development without mobilization.

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DISABILITY AMONG AFGHAN WOMEN - ITS IMPACT ON CHILD SURVIVAL AND DEVELOPMENT AND QUALITY OF LIFE OF THE FAMILY

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